

# DONATION RECEIPT

[Community Center Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number] | [Email/Website]

Receipt #: [000000]  
Date: [MM/DD/YYYY]

## Donor Information:

[Individual Name]  
[Donor Address]  
[Donor City, State, Zip]  
[Donor Phone/Email]

Description of Contribution	Type	Amount/Value
[e.g., General Fund Donation / Program Support]	[Cash/Check/Goods]	\$0.00
	<b>Total</b>	<b>\$0.00</b>

## Tax Disclosure:

No goods or services were provided by [Community Center Name] in return for the contribution indicated above. [Community Center Name] is a registered 501(c)(3) non-profit organization. EIN: [00-0000000]. Please keep this receipt for your tax records.

Thank you for your generous support of our community!

Authorized Signature